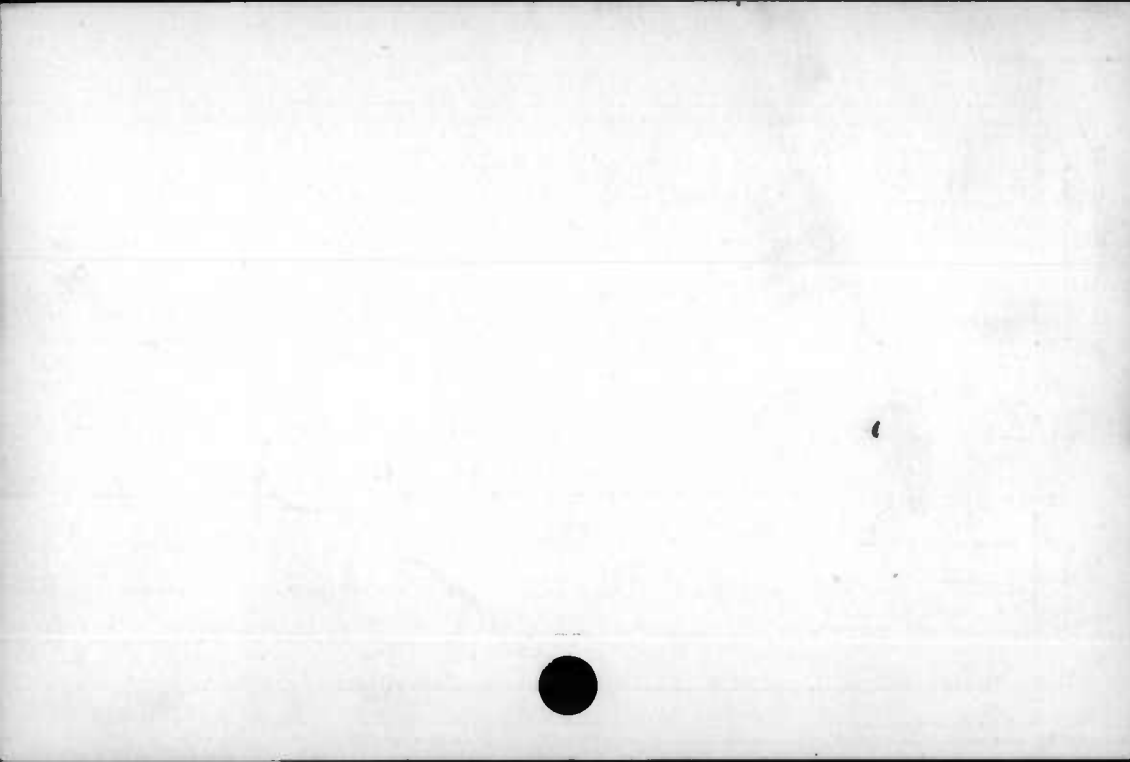


Name in Full		Sarah. H. Adams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	m ^c Daniel		Talbot		MARYLAND	
	Date of death 1908	Month	Day	Age	Years	Months	Days
		June	7	49	6	14	
	Sex	Female	Color or Race	Black	Birth-place	Talbot County	
	Married, Single or Widowed	Married		Occupation House-work			
	Name of Wife Husband	Wm S. Adams					
	Father's Name	Emery Drake			Father's Birthplace	Talbot Co.	
Mother's Maiden Name	Hannah Turner			Mother's Birthplace	Talbot Co.		
Name of person giving information	William Y. Adams			How related to deceased	Husband		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tuberculosis			How long	2 yrs. from history	
	Immediate	Heart Asthenia			How long	4 wks. & 10	
	Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	A. B. Lascock	
					Address	St. Michaels Md	
	Accident or Suicide?	—					

27



Name
in
Full

Tugman W Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		June	24	57			
Sex		Color or Race		Birth-place			
Male		white		barobled			
Occupation				Where Residing if not at place of death			
Farmer				x			
Married, Single or Widowed		Name of Wife or Husband					
Married		Martha F Davis					
Father's Name		Father's Birthplace					
Nashland Davis		barobled					
Mother's Maiden Name		Mother's Birthplace					
Emily Kinder		Del					
Name of person giving information		How related to deceased					
Hobart M Davis		Son					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	4 yrs.
Immediate	Exhaustion	How long	few wks.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Chas. J. Davidson	
		Address	
		Edston 4, Md.	
Accident or Suicide?			

Bethel caroline

Name
in
FullSam^r H. W. Dobson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

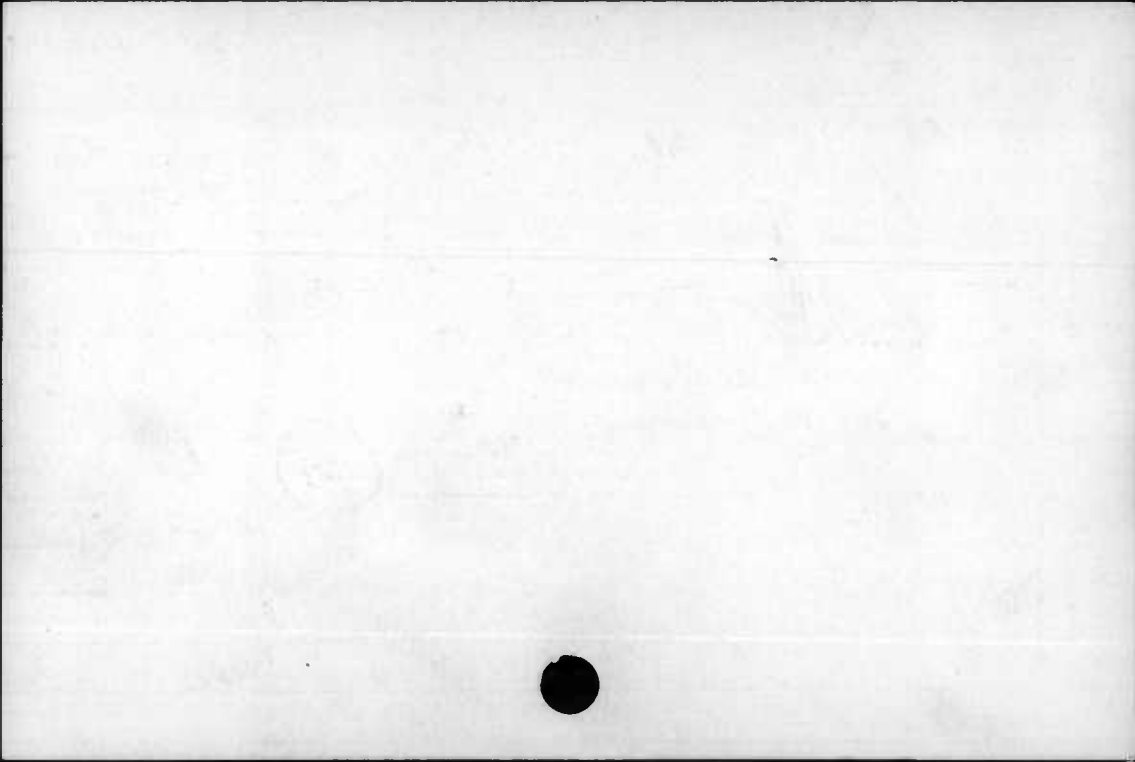
Died at <u>Easton</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death 1908		Month <u>June</u>	Day <u>14</u>	Age <u>30</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Easton</u>		
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Easton</u>			
Married, <u>Single</u> or <u>Widowed</u>		Name of Wife or Husband <u>Eliza A. Dobson</u>			
Father's Name <u>Isaac Dobson</u>		Father's Birthplace <u>Easton</u>			
Mother's Maiden Name <u>Emeline Dobson</u>		Mother's Birthplace <u>Baltimore</u>			
Name of person giving information <u>Charles H. Dobson</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>6 months</u>
Immediate <u>Heart Exhaustion</u>	How long <u>12 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Robt. A. Campbell M.D.</u>
	Address <u>Easton, Md.</u>
Accident or Suicide? <u>no.</u>	



Name
In
Full

Addison Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

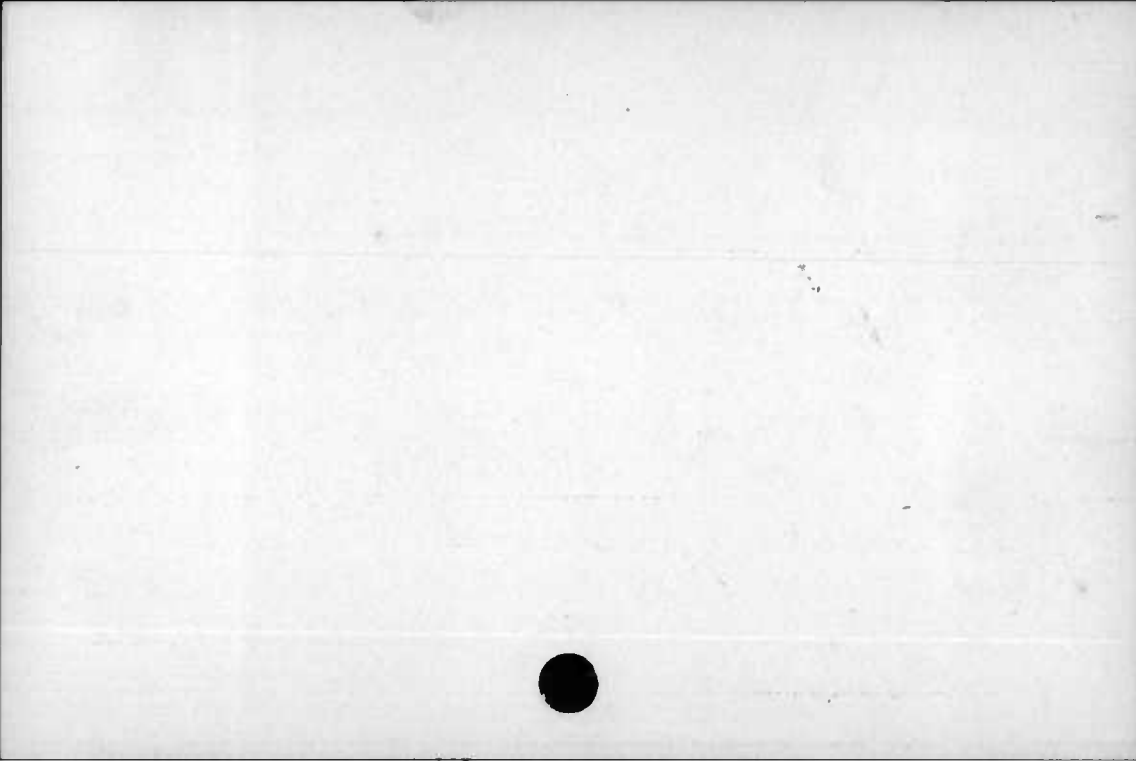
Died at <i>Trappe</i> Town		County <i>Salbot</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>6</i>	Day <i>21</i>	Age <i>16</i>	Months <i>—</i>	Days <i>17</i>
Sex <i>negro</i>	Color or Race <i>Negro</i>		Birth-place <i>Salbot Co Md</i>		
Occupation <i>School-boy</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>William Fisher</i>	Father's Birthplace <i>Calverton Co Md</i>		Mother's Birthplace <i>" " "</i>		
Mother's Maiden Name <i>Mollie Haines</i>	Name of person giving information <i>Am Fisher</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>Heart Failure</i>	How long <i>20 min</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph A. Ross Jr</i>
<i>Yes</i>	Address <i>Trappe Salbot Co Md</i>
Accident or Suicide?	



Name
in
Full

Lena Fountain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Trappe</i> ^{Town}		<i>Talbot</i> ^{County}			
Date of death <i>1908</i>	<i>June</i> ^{Month}	<i>7</i> ^{Day}	Age <i>13</i> ^{Years}	<i>7</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Talbot Co.</i>		
Occupation <i>School</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Isaac Fountain</i>			Father's Birthplace <i>Talbot Co.</i>		
Mother's Maiden Name <i>Fannie Brown</i>			Mother's Birthplace <i>Queen Anne Co.</i>		
Name of person giving information <i>Isaac Fountain</i>			How related to deceased <i>Father</i>		

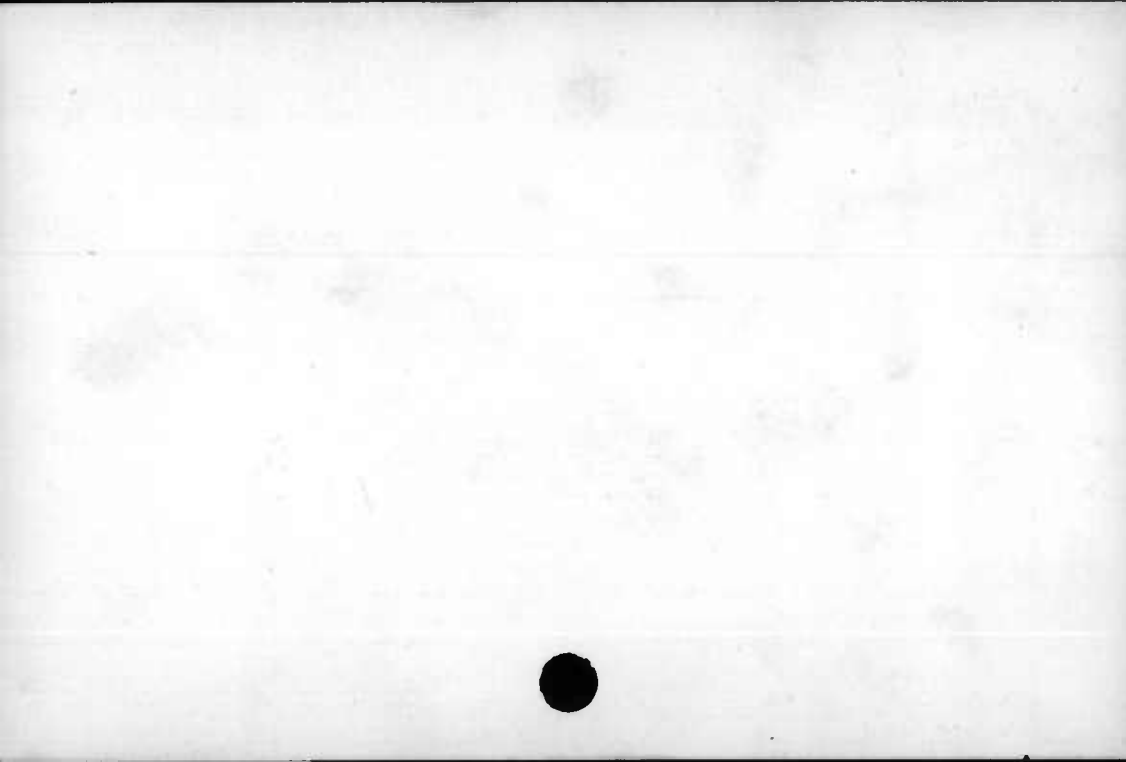
CAUSES OF DEATH

W.S.S.

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Wm. S. Seymour</i>	
Address		<i>Trappe Md</i>	
Accident or Suicide?		<i>no</i>	

27



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Rice Gammon</i>		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Died at							
Date of death	1908	Month <i>June</i>	Day <i>5</i>	Age <i>7</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co</i>				
Occupation <i>---</i>			Where Residing if not at place of death <i>Easton</i>				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>James Gammon</i>			V		Father's Birthplace <i>Talbot Co</i>		
Mother's Maiden Name <i>Annie M. Callahan</i>					Mother's Birthplace <i>Talbot Co</i>		
Name of person giving information <i>James Gammon</i>					How related to deceased <i>Father</i>		

Contusion of temple caused
by running into sharp end of fire escape.

CAUSES OF DEATH

Primary

Accident (Contusion temple)

How long

3 days.

Immediate

*Cordial apoplexy.
Concussion (Cerebral).*

How long

*3 hrs*Are the name, age, sex, color, date and place correctly given above? *-*

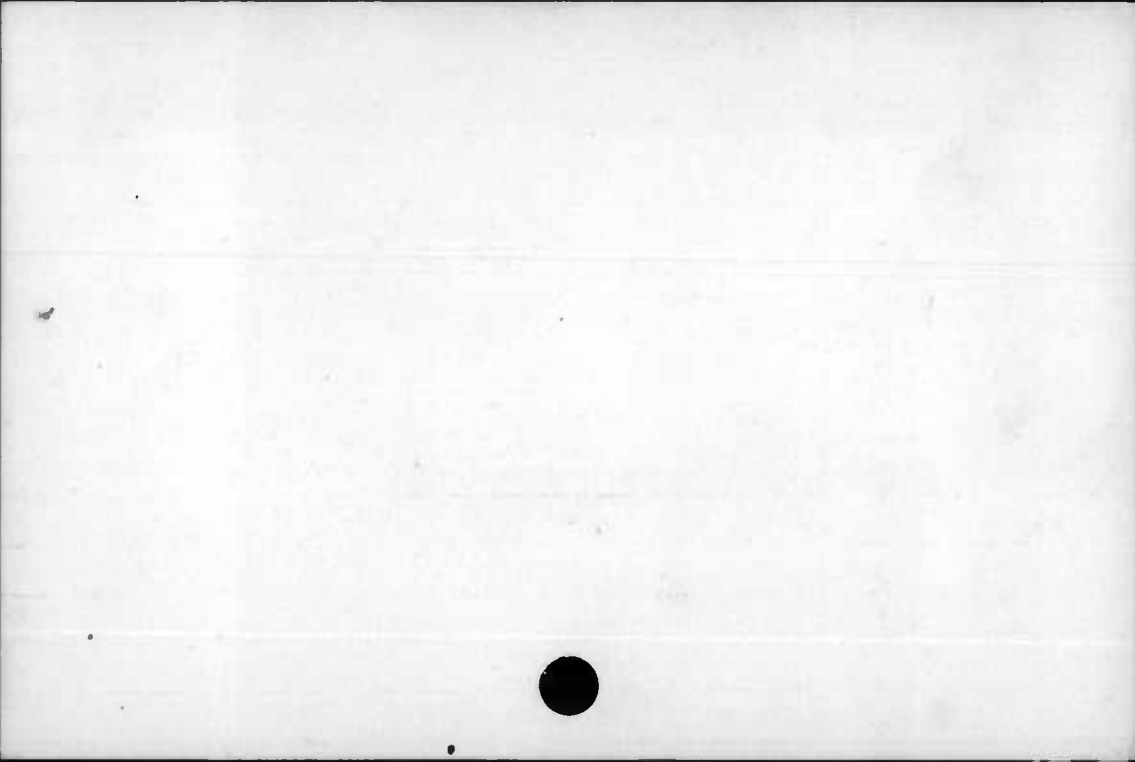
Signature of Physician

Address

P. L. Traverso, M.D.
Easton Md.

Accident or Suicide?

*Accident.*PHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>	
		Date of death <u>1908</u> <small>Month</small> <u>June</u> <small>Day</small> <u>15</u> <small>Age</small> <u>22</u> <small>Years</small>		<u>—</u> <small>Months</small> <u>—</u> <small>Days</small>	
		Sex <u>Female</u>		Color or Race <u>Black</u>	
		Occupation <u>Servant</u>		Where Residing if not at place of death <u>—</u>	
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>	
		Father's Name <u>Malachi Gardner</u>		Father's Birthplace <u>Talbot Co</u>	
		Mother's Maiden Name <u>Lizzie Friend</u>		Mother's Birthplace <u>Caroline</u>	
Name of person giving information <u>Malachi Gardner</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Bladder Tuberculosis</u>		How long <u>6 mos</u>	
		Immediate <u>Renal Disturbance</u>		How long <u>1 week</u>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>[Signature]</u>	
				Address <u>[Signature]</u>	
		Accident or Suicide?			

Dr. Merritt

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Charles C Gay		Town Easton		County Talbot		MARYLAND									
Died at		Date of death 1908		Month June		Day 15		Age 47		Years 6		Months 6		Days 6	
Sex Male		Color or Race White		Birth-place Talbot Co											
Occupation Laborer		Where Residing if not at place of death —													
Married, Single or Widowed Single		Name of Wife or Husband —													
Father's Name Peyton Gay		Father's Birthplace Atlantic Ocean													
Mother's Maiden Name Elizabeth Porbi		Mother's Birthplace Talbot Co													
Name of person giving information Amanda Harris		How related to deceased None													

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Nine mos.
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. Henry Williams	
		Address Easton Md	
Accident or Suicide? —			

16.11



Name
in
Full

Mary L. Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

St Michaels Talbot

Date

of death

190

Month

June

Day

7

Age

Years

70

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Talbot Co

Occupation

House work

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James H Holland

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

Sarah A. Caulk

Mother's
Birthplace

Talbot Co.

Name of person giving
Information

Stephen Holland

How related
to deceased

Brother

CAUSES OF DEATH

14

Primary

Acute Dysentery

How long

One week

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. St. Hofer M.D.

St Michaels

Md.

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

Henrietta Horney -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

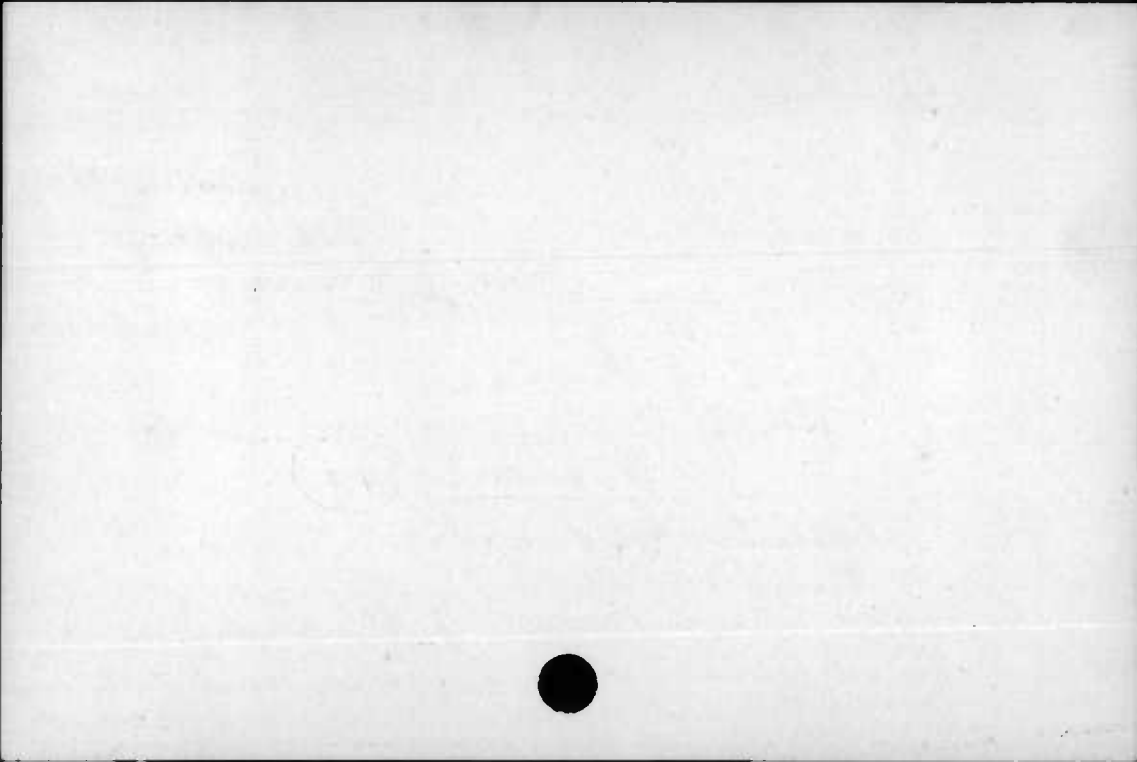
Died at		Town Barber		County Talbot Co.		MARYLAND	
Date of death	1908	Month 6	Day 13	Age 48	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Talbot Co., Md
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Robert Horney			
Father's Name	Samuel Bartlett				Father's Birthplace	Talbot Co. Md	
Mother's Maiden Name	Mary Elizabeth Lee				Mother's Birthplace	" " "	
Name of person giving In formation	Jos Bartlett				How related to deceased	Brother	

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	Acute Dysentery.		How long	2 weeks -
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Joseph A. Ross M.D.
			Address	Maple, Talbot Co. Md
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

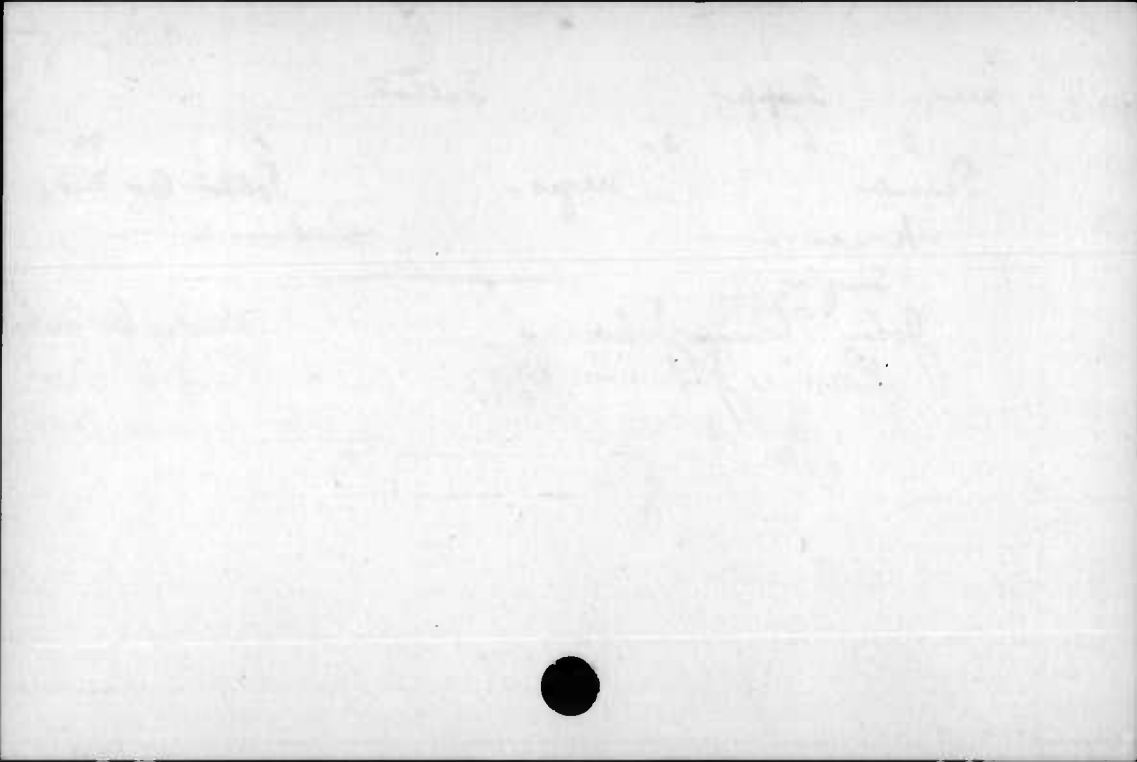
Died at <i>Belvue</i> Town		County <i>Talbot</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>11</i>	Age <i>45</i> Years	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Talbot Co Md</i>		
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Belvue</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Chas. F. Johnson</i>				
Father's Name <i>Wm. Thomas</i>	Father's Birthplace <i>Talbot co.</i>				
Mother's Maiden Name <i>Surrey. E. Thomas</i>	Mother's Birthplace <i>Talbot co</i>				
Name of person giving information <i>Chas F. Johnson</i>		How related to deceased <i>Husband.</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Ulceration of Bowels</i>	How long
Immediate	<i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. C. Delaney</i>
		Address <i>St Michaels</i>
		<i>Orrel</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Died <i>near</i>		Town <i>Grapple</i>		County <i>Falbot</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>6.</i>	Day <i>3-</i>	Age	Years	Months <i>1</i>	Days <i>25-</i>	
Sex <i>Female</i>		Color or Race <i>Negro -</i>		Birth-place <i>Falbot Co. Md</i>			
Occupation <i>None -</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>John Thomas Johnson</i>				Father's Birthplace <i>Halifax Co. N.C.</i>			
Mother's Maiden Name <i>Louise Jones -</i>				Mother's Birthplace <i>Falbot Co. Md</i>			
Name of person giving Information <i>J. T. Johnson</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

151

Primary	<i>Marasmus.</i>	How long	<i>1 month.</i>
Immediate	<i>Exhaustion</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Joseph A. Brown</i>	
<i>Yes</i>		Address <i>Grapple, Md</i>	
Accident or Suicide?			

Name in Full		Mauda A Jones				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Easton		County		TALBOT	
	Date of death		1908 June		Age		3	
	Sex		Female		Color or Race		Black	
	Occupation				Birth-place		TALBOT Co	
	Married, Single or Widowed		Single		Where Residing if not at place of death			
	Father's Name		Henry Jones		Father's Birthplace		TALBOT Co	
	Mother's Maiden Name		Harriet Cornish		Mother's Birthplace		" "	
Name of person giving information		Henry Jones		How related to deceased		Father		
<div>CAUSES OF DEATH</div> <div>101</div>								
PHYSICIAN OR CORONER	Primary		Tonsillitis		How long		Several days	
	Immediate		Asphyxiation + exhaustion		How long		Two days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. Henry Willson	
					Address		Easton Md.	
	Accident or Suicide?		No					

St Nelson —

Bury at Unionville

Sunday —

Burial at Rachel Church

11 a.m.

Unionville

Name
in
Full

Mrs. Susan Ann Mathews Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

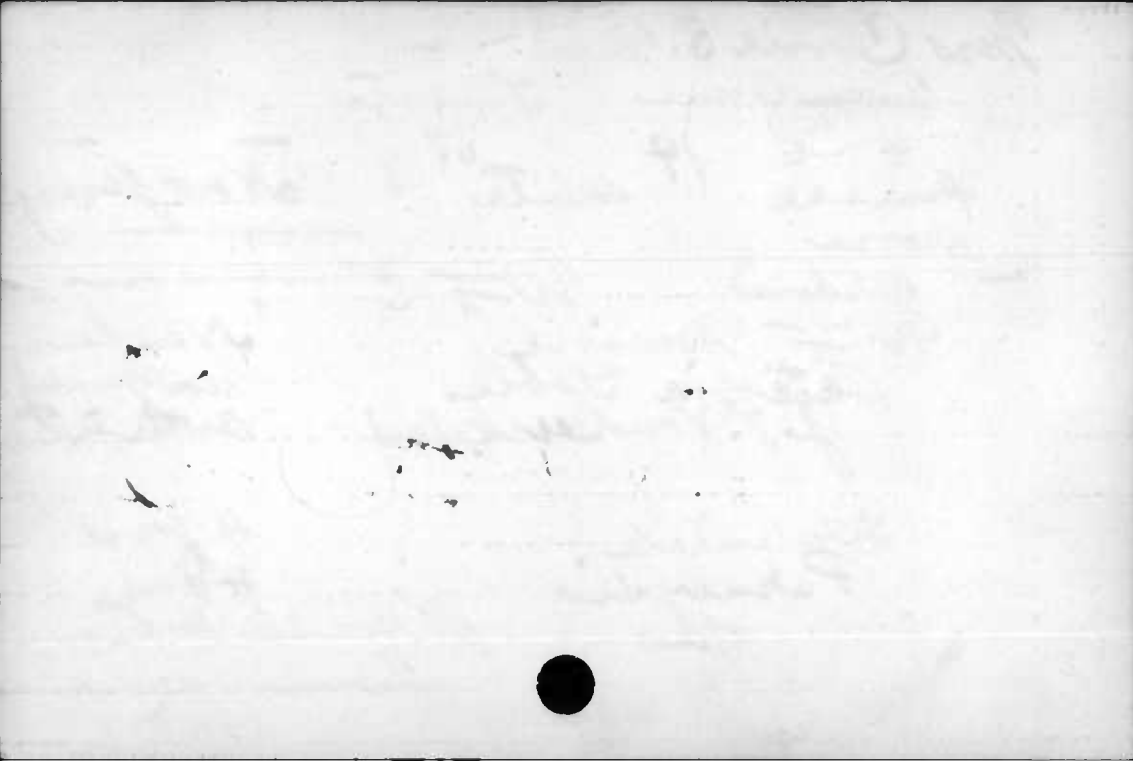
Died at		Town		County			
Tilghman		Talbot					
Date of death	1908	Month	June	Day	19	Years	62
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		Tilghman Md	
Married, Single or Widowed		Married		Name of Wife or Husband		Robert Jones	
Father's Name		Richard Faulkner North		Father's Birthplace		Not known	
Mother's Maiden Name		Caroline Harrison		Mother's Birthplace		Talbot Co	
Name of person giving information		Mrs.		How related to deceased		Sister	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paresis	How long	Two yrs
Immediate	Arteriosclerosis	How long	Two mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		S. K. Nelson	
		Address	
		Tilghman Md	
Accident or Suicide?		No -	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Queen Anne</i>		Town <i>Lalbat</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>6</i>	Day <i>17</i>	Age <i>67</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>New Jersey</i>				
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Wm. E. Mason</i>					
Father's Name <i>Wm. Maize</i>		Father's Birthplace <i>New Jersey</i>					
Mother's Maiden Name <i>Leticia Gable</i>		Mother's Birthplace <i>New Jersey</i>					
Name of person giving information <i>J. T. VonBerkelow</i>		How related to deceased <i>Brother-in-law</i>					

CAUSES OF DEATH

How long

4 yrs

How long

*4 Day*PHYSICIAN
OR CORONER

Primary

*Dementia
Paralysis*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

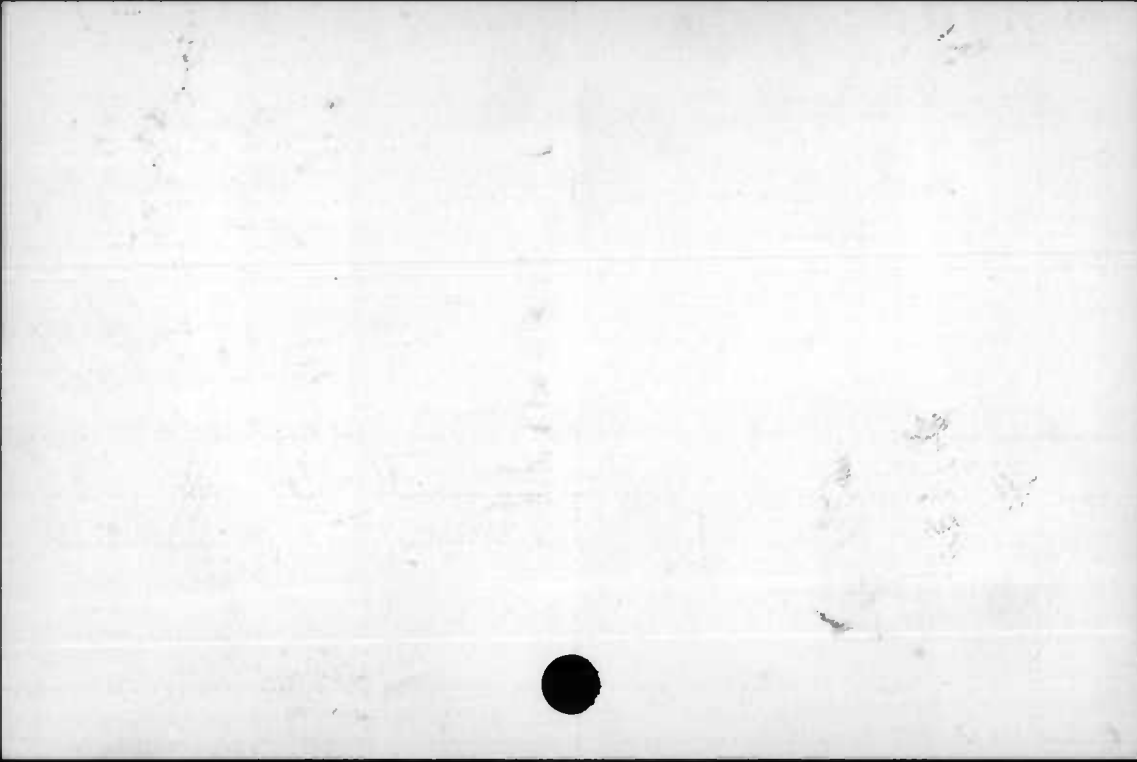
Signature of Physician

Address

*P. Hackett M.D.
Queen Anne
Ind.*

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

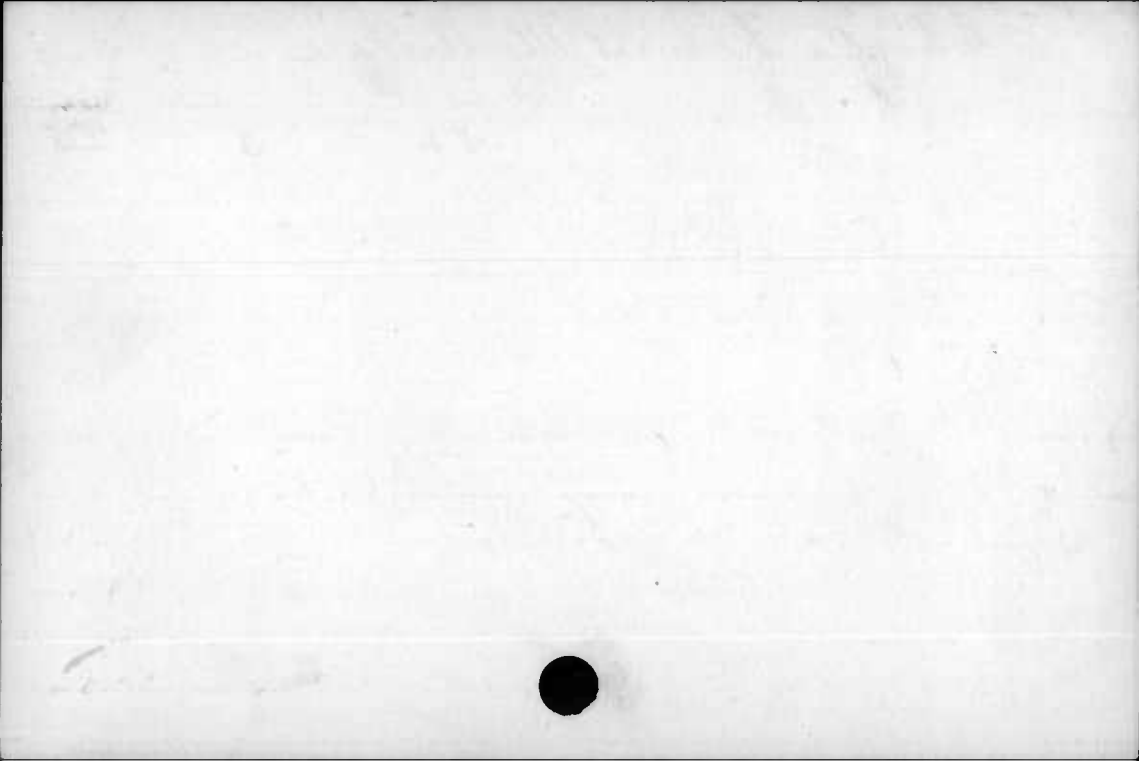
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samuel Hambleton Mitchell</i>						CERTIFICATE OF DEATH	
Died at <i>St Michaels</i> ^{Town}				<i>Talbot</i> ^{County}		MARYLAND	
Date of death <i>1908</i>		<i>June</i> ^{Month}		<i>28</i> ^{Day}		<i>64</i> ^{Years}	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>St Michaels</i>		Months <i>—</i> Days <i>—</i>	
Occupation <i>Oyster man</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Catharine Keen</i>					
Father's Name <i>James Mitchell</i>		Father's Birthplace <i>St Michaels</i>				Mother's Birthplace <i>Talbot Co.</i>	
Mother's Maiden Name <i>Annie</i>		How related to deceased <i>daughter</i>					
Name of person giving information <i>Lillie Sterling</i>							

CAUSES OF DEATH

179

PHYSICIAN OR CORONER	Primary <i>General Debility</i>	How long <i>about a year</i>
	Immediate <i>Heart Failure</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above?	
	Signature of Physician <i>J. C. Davis</i>	
Address <i>St Michaels</i>		
Accident or Suicide?		



Name in Full		Charles Francis Mullikin				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Trappe		County		TALBOT		
	Date of death	1908	Month	June	Day	29	Age	52
	Sex	male		Color or Race	white		Birth-place	Trappe
	Occupation	Farmer		Where Residing if not at place of death		Trappe		
	Married, Single or Widowed	married		Name of Wife or Husband		Ella Frampton		
	Father's Name	John F. Mullikin				Father's Birthplace	Trappe	
	Mother's Maiden Name	Margaret Sherwood				Mother's Birthplace	Trappe	
Name of person giving information	L. N. Mullikin				How related to deceased	Brother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">79</div>								
PHYSICIAN OR CORONER	Primary	Mitral Insufficiency				How long	2 years	
	Immediate	Pulmonary oedema				How long	8 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
					Trappe			
Accident or Suicide?		md						



Name
in
Full

Charles Mulikin

CERTIFICATE OF DEATH

Died at		Town Easton		County Tabor		MARYLAND	
Date of death		Month June	Day 16	Age	Years 75	Months	Days
Sex	male		Color or Race	white		Birth-place	Baltimore City
Occupation	Farmer			Where Residing if not at place of death		A	
Married, Single	married		Name of Wife or Husband Margaret Mulikin				
Father's Name	Jermiah Mulikin				Father's Birthplace	Tabor Co	
Mother's Maiden Name	Mary Cook				Mother's Birthplace	Tabor Co	
Name of person giving information	Arthur H. Mulikin				How related to deceased	Nephew	

CAUSES OF DEATH

Primary
Aortic insufficiency & Mitral Stenosis
Uremic Coma

How long

79
6 mos

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jas. B. Herrick

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mcgor
Baird

M. Mera

H. S. Richard

Ann G. Co

G. H. H. 4.

J. W. Henry

Keary 6

Name
in
Full

George Washington Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>June</i> ^{Day} <i>22</i>		Age <i>6</i> ^{Years}		Months <i>7</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Talbot Co</i>	
Occupation <i>School boy</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Joseph Henry Nichols</i>		Father's Birthplace <i>Talbot Co</i>			
Mother's Maiden Name <i>Celia Grason</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Celia Nichols</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>		How long <i>Seven days</i>
Immediate	<i>Cardiac Failure</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. H. Stoper, M.D.</i>	
		Address	<i>St Michaels</i>
Accident or Suicide?			<i>MD</i>
<i>No</i>			



Name
in
Full

Harriet Peck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

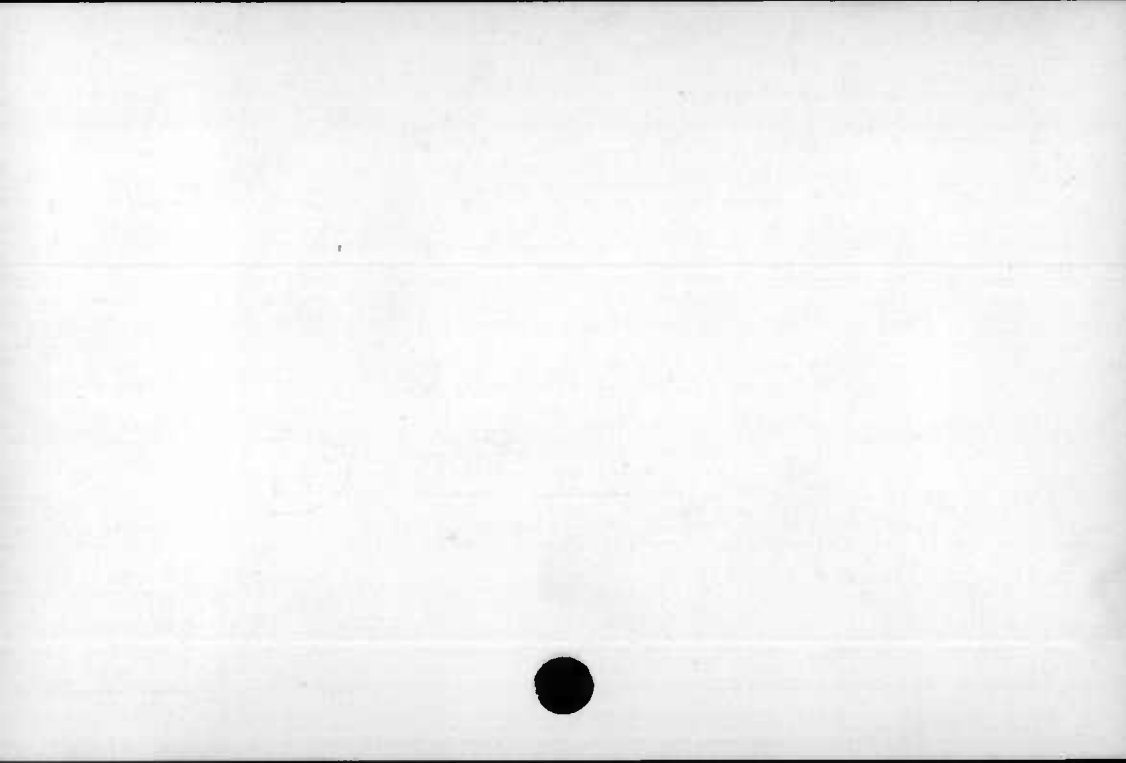
Died at		Easton		Tolbot		MARYLAND	
Date of death		1908	June	8	Age	32	Months
Sex		Female		Color or Race		Black	
Occupation		Serranx		Birth-place		Tolbot Co	
Married, Single or Widowed		Married		Where Residing if not at place of death		—	
Father's Name		Asbury Peck		Name of Wife or Husband		Unknown	
Mother's Maiden Name		Lenia Barton		Father's Birthplace		Tolbot Co	
Name of person giving information		"		Mother's Birthplace		Western Tenn	
		"		How related to deceased		Mother	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis & Anemia of acute	How long	18 months
Immediate	Heart exhaustion	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Robert Ray Rich M.D.	
Address		Easton Md.	
Accident or Suicide?		No.	



Name
in
Full

Sallie Potter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death	1908	Month June	Day 23	Age	Years 44	Months X	Days X
Sex	Female		Color or Race	Black		Birth- place	Talbot Co
Occupation	Cook			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Henry Potter				
Father's Name	Sam Tugman				Father's Birthplace	Talbot Co	
Mother's Maiden Name	do not know				Mother's Birthplace	do not know	
Name of person giving In formation	Henry Potter				How related to deceased	Husband	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	4 wks
Immediate	Exhaustion	How long	few hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Chas. Davidson	
Address		Easton, Md.	
Accident or Suicide?			



Name
in
Full

James Eastman Tarbutton Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

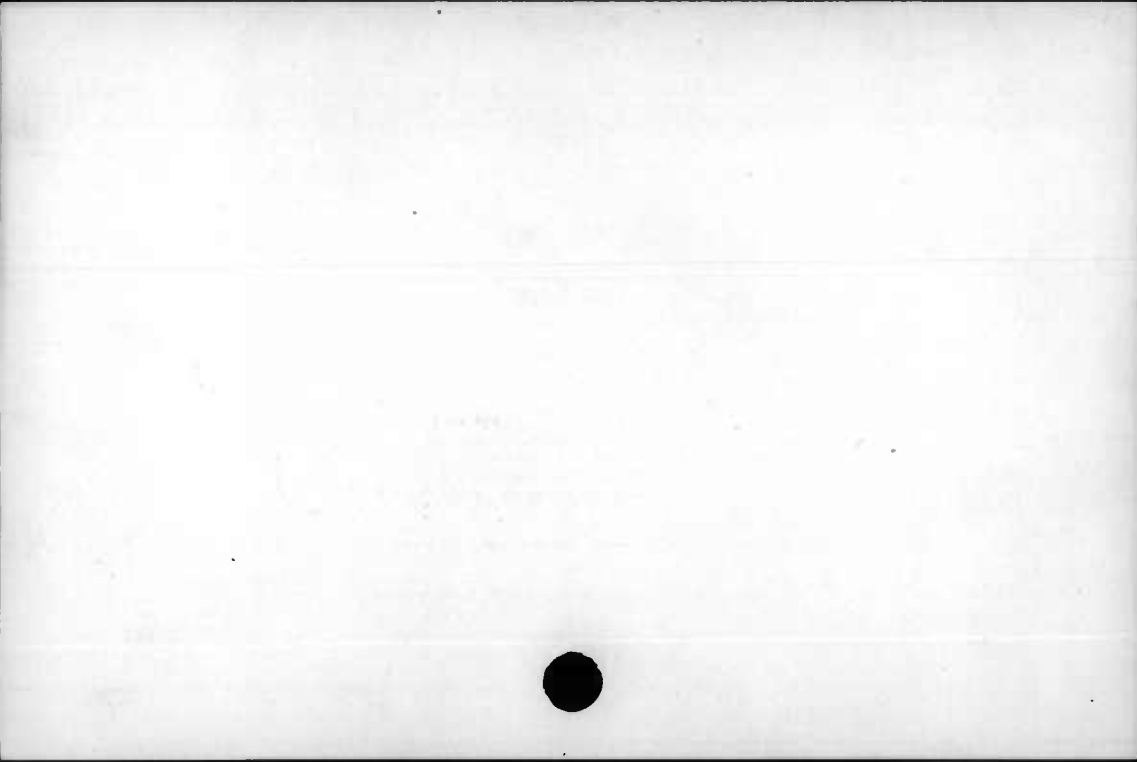
Died at <u>Trappe</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	1908	Month	June	Day	22d
Age	70	Years		Months	5
Sex	Male	Color or Race	white	Birth-place	Talbot Co. Md.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Emma J. Tarbutton		
Father's Name	James C. Tarbutton		Father's Birthplace	Md.	
Mother's Maiden Name	Mary Phillips		Mother's Birthplace	Md.	
Name of person giving information	J. C. Tarbutton, Jr.		How related to deceased	Son	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	2 1/2 yrs.
Immediate	Cerebral hemorrhage	How long	10 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M. S. Seymour
		Address	Trappe Md
Accident or Suicide?	no		



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Solomon S. Thompson</i>		Town <i>Royal Oak</i>		County <i>Talbot</i>	
Died at					
Date of death 1908	Month <i>6</i>	Day <i>22</i>	Age	Years <i>64</i>	Months <i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Worcester Co. Md</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Merchant</i>			
Name of Wife or Husband <i>Eufenia Stewart</i>					
Father's Name <i>Geo Thompson</i>			Father's Birthplace <i>Worcester Co. Md</i>		
Mother's Maiden Name <i>Louise Valliant</i>			Mother's Birthplace <i>Worcester Co. Md</i>		
Name of person giving information <i>E. L. Hoffecker</i>			How related to deceased <i>Brother-in-law</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>2 weeks</i>
Immediate <i>Asthenia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Saml B. Triple</i>
	Address <i>Royal Oak, Md</i>
Accident or Suicide? <i>_____</i>	

